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## \*BIBDATASHEET\*

CONFIRMATION NO. 2728

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/092,907	<b>FILING OR 371(c) DATE</b> 03/06/2002 <b>RULE</b>	<b>CLASS</b> 482	<b>GROUP ART UNIT</b> 3764	<b>ATTORNEY DOCKET NO.</b> 06523-101	
<b>APPLICANTS</b> James H. Levine, Westford, MA; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 04/05/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> JOOP F. HOEKSTRA 14 WESTVIEW ROAD MEDFIELD, MA02052					
<b>TITLE</b> VARIABLE RADIUS FLEXIBILITY APPARATUS					
<b>FILING FEE RECEIVED</b> 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		